

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Yoshizawa Examiner:  
Serial No.: Filed under Express Group Art No.  
10615656 Mail No. EV333227460US  
Filed: July 9, 2003 Docket: 763-37  
For: EYEGLASSES CASE Dated: July 29, 2003

Commissioner for Patents  
P.O. Box 1450

Alexandria, VA 22313-1450

**ATTENTION: REFUND SE**

**ATTENTION: REFUND SECTION, ACCOUNTING DIVISION, OFFICE OF FINANCE**

**REQUEST FOR REFUND**  
(37 C.F.R. § 1.28 (a))

## I. REFUND REQUEST

This is a request for a refund is made within two months of the date a fee was paid in this application on July 9, 2003 in the amount of \$750.00.

**CERTIFICATION UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents P.O. Box 1450, Alexandria, VA 22313-1450. **ATTENTION: REFUND SECTION, ACCOUNTING DIVISION, OFFICE OF FINANCE**

Dated: July 29, 2003

~~George M. Kaplan~~

ရက်စွဲသည် date: 09/12/2003 နေ့ (Sunday)  
07/12/2003 မှတ်နှုန်း 06550016 10613333  
6: FC 1000 7:00 AM 09 02

9.07.12/2003 EERDINGA 00000003 10013656

KEBAR. Refs. 66/1c/2005 LERUBAYI 0000036560  
0000036561 0000036562 0000036563  
0000036564 0000036565 0000036566

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

		AMOUNT OF REFUND REQUESTED
<input checked="" type="checkbox"/>	filin g fee	\$ 375.00
—	surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. §1.16(e))	_____
	and/or	
—	surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. §1.16(e))	_____
—	extension of term	_____
—	first month	_____
—	second month	_____
—	third month	_____
—	fourth month	_____
—	excess claims	_____
—	issue fee	_____
—	petition fee	_____
—	patent maintenance fee	_____
—	first maintenance fee	_____
—	second maintenance fee	_____
—	third maintenance fee	_____
—	patent maintenance fee surcharge	_____
—	other	_____

**TOTAL REFUND REQUESTED** \$ 375.00

III. REASON FOR REQUEST:

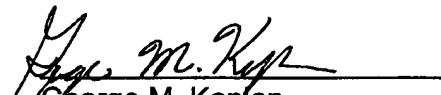
**Applicant is Small Entity**

IV. MANNER OF REFUND

Please make refund by

X crediting Deposit Account No. 04-1121  
— refunding payment.

Respectfully requested,

  
George M. Kaplan  
Reg. No. 28,375

DILWORTH & BARRESE  
333 Earle Ovington Boulevard  
Uniondale, NY 11553  
(516) 228-8484